Ex.#1515

Evidentiary Document # 5077.

IN THE MATTER OF JAPANESE WAR CRIMES AND IN THE MATTER OF KRANJI NO. 2 CAMP, SINGAPORE.

AFFIDAVIT.

I, No. 125474 Major JAMES WILLIAM DOUGLAS BULL, Royal Army Medical Corps, specialist radiologist, with permanent home address at St. Oswald's House, Stony Stratford, in the County of Buckingham MAKE OATH AND SAY AS FOLLOWS:

1. I was captured in SINGAPORE in February 1942. I was at CHANGI POW Camp from February 1942 to May 1944. I then went to KRANJI NO. 1 Camp from May 1944 until April 1945. I then moved to KRANJI NO. 2 Camp where I remained until hostilities ended.

2. I have read the affidavit of Major Bradshaw who was senior British officer at KRANJI No. 2 Camp and I agree with him about the distinction between KRANJI No. 1 and KRANJI No. 2 Camps. I was senior medical officer at KRANJI No. 2 Camp.

3. I agree with paragraph 3 of Major Bradshaw's affidavit which sets out the work which the inmates of KRANJI No. 2 were supposed to do.

4. With regard to medical conditions generally at the camp I have this report to make:-

Deficiency diseases: Beri-beri was most prominent and was always on the increase. For example in April 1945 only two cases of beri-beri were unable to go to work. In May this number had risen to nine and in June to 35 and July to 43. During this time at least an equal number of people had symptoms of beri-beri but were just able to continue their work. By the end of July nearly 100 men had beri-beri symptoms. Despite repeated requests which I made for rice polishings these were only provided from mid-June to Mid-July. Even so only four pounds daily was supplied which was about one seventh of the amount we wanted. A slight improvement was shown among those favoured few to whom rice polishings were given.

Malaria: No anti-malarial precautions were permitted in the vicinity of the camp and it was thought that the incidence would be very high, particularly as the second quarter of the year is the season for malaria.

Incidence: Table 1 shows the figures. No case suffered from very gross anaemia in spite of the great number of relapses in many individuals. There was one case of cerebral sub-tertian malaria which recovered. In view of the lack of anti-malarial measures it was considered that the incidence was not unduly high.

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Table 1.

1945	Slides examined	Total BT	Total MT	Total TOT	Relapses BT	Relapses MT	Relapses TOT	Primary BT	Primary MT	Primary TOT
April	86	25	9	34	17	4	21	8	5	13
May	265	71	11	82	47	4	51	24	7	31
June	297	85	14	99	74	6	80	11	8	19
July	370	109	16	125	89	7	96	20	9	29
To 22 August	253	84	11	95	73	3	76	11	8	19
Grand Total	1271	374	61	435	300	24	324	74	37	111

Dysentery: The camp was virtually free from dysentery until July when there was a small outbreak of a mild bacillary form. Fortunately there were no serious cases and never more than nine at any one time; thus it will be seen that the outbreak never reached epidemic proportions. However, ascaris was very common and was the cause of much diarrhoea and a variety of abdominal symptoms. It is estimated that nearly half the camp suffered from this infection.

Pulmonary tuberculosis: Two cases were diagnosed in July (strongly positive sputum). They were both very active cases and both in very under-nourished men ex-P.L.E.B.N.G. Facilities for X-ray and artificial pneumo-thorax were available within 300 yards but were repeatedly refused.

Diphtheria: There were four cases of skin diphtheria, all appearing in July. All had large leg ulcers, but none of the cases was seriously ill.

As no facilities were available for isolation the T.Bs., diphtherias and dysenteries had to be housed underneath huts. The head-room amounted to about four feet making medical examination and nursing very difficult. Furthermore much of the dust from the floor above inevitably came down on these unfortunate patients.

Tropical skin ulcers: These were very common and left many men off work, some for several weeks. Fortunately none became very severe or developed complications and amputation of a limb never had to be considered.

Injuries: Considering the highly dangerous nature of the work being performed and the lack of proper precautions, the injury rate was relatively low. One man was buried by a fall of earth and suffocated to death before he could be dug out. No other injury incapacitated anyone for more than a month.

Hospital accommodation: This was grossly inadequate in every respect. It was impossible to obtain beds for all the patients and matresses were supplied only to the most serious cases. In the first few

weeks no matresses at all were available. No sheets were available at any time. There was extreme overcrowding. Not morethan nine inches separated each bed-space. Only one bed pan and one urine bottle were provided for the whole hospital. No bowls or basins were provided at all.

Operating theatre: part of a hut was improvised as a theatre and electric light was available from an engine in the adjacent camp. On three occasions, however the engine was deliberately stopped before the completion of an operation at night, and candles or burning red palm oil had to be used as illumination.

Drugs: Deficiencies were far too numerous to list, but the arrival of Red Cross supplies made an enormous difference.

Rations: These were quite insufficient and the prisoners of war suffered seriously from under-nourishment.

Camp hygiene:

1. Latrines: Pore-holes and deep trench latrines were used. The chief difficulty encountered was the total absence of a supply of wood for latrine tops in spite of repeated requests. Nails and screws were also not available. As a result living quarters had to be partially stripped to obtain wood and nails. This never became a menace in the camp.

ii. Water: The supply was adequate but the number of showers grossly inadequate - one per hundred men. There would have been no difficulty about supplying further showers but all requests were disregarded

iii. Cooking: Facilities were grossly inadequate in every way. One small cookhouse had to feed the whole camp.

iv. Housing accommodation: Gross overcrowding existed due to the insufficient accommodation. Thirteen huts were allotted to house the other ranks (15 officers in one small hut 32 feet by 15 ft. - 32 square feet per head), and the average number per hut was 69. To alleviate the congestion a number of men were allowed to sleep under the huts, the number averaging nine perhut. The huts were of a uniform size measuring 96 feet long by 15 feet wide and having a floor space of 1440 square feet. Each man was thus allowed a space of approximately 20 square feet and when it is considered that the normal floor space is 60 feet some idea of the extent of the overcrowding can be obtained. It might also be added that a much greater space is allowed to troops in tropical stations. (Straits Settlement 100 square feet).

Sick and working figures:

Date	Hospital	No Duty	Total Sick	Total Working Party	percentage of Working Party required by Imp. Japanese Army
April 1 1945	1	3	4	602	-
15	9	18	27	572	95.3
May 1	11	23	34	558	93.0
15	40	11	51	545	90.8
June 1	31	39	70	534	89.0
15	37	31	68	542	90.3
(Strength increased by 300)					
July 1	39	55	94	802	85.8
15	43	54	97	827	88.5
Aug. 1	56	67	123	802	85.8
15	63	84	147	796	85.1
17				737	78.8

The above table shows the hospital figures, no duty personnel, total sick, working party strength and percentage of working party required by the Imperial Japanese Army out at work. The figures for no duty personnel are extremely high owing to the limited hospital accommodation. In places where more normal conditions prevail the majority of these would be hospital patients.

In the early part of August it was obvious that the health of the men was deteriorating and that they were beginning to crack under the strain of hard work and under-nourishment. It became progressively more difficult to maintain working figures. On 17 August the penultimate working day, the working figures had dropped to 737, and had the war continued there is very little doubt that by September it would have been impossible to find 700 fit men to go out to work.

The increase in the number of sick caused very gross overcrowding in the hospital, and many patients who should have been hospitalised were of necessity treated in lines.

The incidence of traumatic leg ulcers contracted at work was ever on the increase.

Conclusions: Judging by Malayan POW working camps there is nothing remarkable to note except perhaps surprise that the sickness was not much higher. When one remembers that a man had only one day's rest in ten, that he arose from his matressless bed three-quarters of an hour before dawn, hurriedly ate his meagre breakfast, rushed out to work, returned at dusk, ate his evening meal at, or after, dark, had a shower, then visited the medical inspection room for the dressing of his sores by very inadequate artificial light, was then left perhaps half an hour to himself before "lights out" it is very remarkable that so many men were able to continue this without interruption for well over 100 days.

The morale throughout was excellent and the behaviour of the patients in such difficult circumstances also excellent. There were no cases of mental disease. There was some tunnel-phobea, particularly just after the unfortunate individual was buried alive by a fall.

(Practically all requests for improvements in medical conditions were refused.

An operating theatre (first-class by POW standards) existed in the adjacent camp but we were not allowed the use of it. The liver abscess was operated upon in the next camp after the Imperial Japanese Army had been at last persuaded that the man would die if he were not transferred. All other facilities such as they were at the adjacent hospital were also refused.)

Only one death occurred in the camp during the period under review (acute pancreatitis) and one case (suffocation in tunnel) was brought in dead. A doctor Lieutenant NAKI of the Imperial Japanese Army was in medical charge of the camp but never once visited it or consulted me in spite of repeated requests by me to his juniors particularly with regard to the examination and disposal of serious cases.

Comment: No change occurred in the attitude of the Imperial Japanese Army until after the capitulation. Even then the only medical concession they made was that operation cases would be permitted to be transferred to KRANJI No. 1 Hospital. The general lot of the patients was unchanged except that the degree of overcrowding was even greater than before.

5. (From 22 August onwards until the relief by British Forces early in September conditions in the camp slightly improved - for example two tons of rice polishings came in in one day. Prior to this only four pounds were issued daily for the whole camp strength of approximately 1020 and then only for about one month.

6. Furthermore [enormous quantities of Red Cross parcels and stores which had obviously been on SINGAPORE ISLAND for months if not years were sent in to us. In addition large stocks of butter from the cold storage in Singapore were sent in. This was Australian butter which had been there since the capitulation in February 1942. Powdered milk came in in large quantities. We had repeatedly asked for this for our seriously ill cases, particularly those with gastric ulceration. All our requests had always been refused. This proves that the stocks of Red Cross food and milk and butter were available on the island, and that our starvation was not due to the allied blockade. The persons I regard as being primarily responsible for this were the Camp Commandant, CSM YOSHIKAWA, who was commandant of both KRANJI No. 1 and KRANJI No. 2 camps. It was he who refused my requests for very sick people to be transferred to KRANJI No. 1, which was the hospital camp. He was an unpleasant man and made no secret of his dislike for the British and was in every way brutal and callous towards us. Another person whom I consider as much responsible as YOSHIKAWA was Lieut. NAKI, the doctor. He came to us early in June and made a speech

on his arrival saying he would give us every assistance. In fact he gave us none. I personally only saw him once after that speech. He never came round the camp and made no effort to get YOSHIKAWA to take in our very sick people. Other personalities include Serjeant-Major MISENU who was the medical NCO. He was not actually cruel but bone idle and of no assistance whatever. Corporal NISHIYAMA acted as quartermaster and to my certain knowledge misappropriated our rations. He used to sell them in the bazaar.

SWORN by the said JAMES WILLIAM DOUGLAS BULL)
at 6 Spring Gardens in the City of Westmin-)
ster this 17th day of January 1945) (Signed) J.W.D. BULL.

Before me

(Signed) A.M. BELL-MACDONALD.
Major, Legal Staff.
Military Department,
Office of the Judge Advocate General, London.

I certify that this is a true copy of the original affidavit.

(Signed) A.M. BELL-MACDONALD.
Major, Legal Staff,
Office of the Judge Advocate General.

Doc. 5077
Exhibit A

No. 1 ☆

ジェームズ・ウイリアム・ダグラス・ブル

認識番號一二五四七四　少佐、ジェームズ・ウイリアム・ダグラス・ブル、英國陸軍軍醫部、放射能專門家、原籍バッキンガム郡ストーニー・ストラトフオード・セイント・オスワルド・ハウスハ宣誓ノ上左ノ如ク陳述ス。

一、余ハ一九四二年（昭和十七年）二月新嘉坡ニ於テ捕虜トナツタ。余ハ一九四二年（昭和十七年）五月迄「チヤンギー」俘虜收容所ニ居ツタ。余ハ次ニ一九四四年（昭和十九年）五月ヨリ一九四五年（昭和二十年）四月迄「クランジ」第一收容所ニ行ツタ。次ニ又「クランジ」第二收容所ニ移動ン終戰迄其處ニ止マツタ。

二、余ハ「クランジ」第二收容所デハ先任軍醫將校デアツタ。

四、余ハ收容所ニ於ル一般的ナ醫療狀態ニ關シ次ノ通リ報告スル。

缺乏症。。。。脚氣ガ最モ顯著デアツテ常ニ增加シテオツタ。

マラリヤ。。。。收容所ノ周邊ニ於テハ何等マラリヤノ豫防手段ガ許サレナカツタ。

Doc. 5077

NO 2 ☆

赤痢……收容所ハ七月迄赤痢ノ心配ハ全ク無カッタ。其頃軽微ナ桿狀菌性ノモノノ發生ガ少シアッタ。

肺結核……七月中ニ名ノ患者ヲ診察シタ（強度ノ陽性喀痰）。彼等ハニ人共甚ダシイ急性患者デ非常ナ榮養失調狀態ニアッタ。X光線及ビ人工的胸部氣送器ノ裝置ガ三百碼以内ノ所ニアッタガ再三拒絶セラレタ。

ジフテリヤ……皮膚ジフテリア患者四名アリ、皆七月ニ發病シタ。皆脚ニ大ナル腫瘍ヲ持ッタガ患者ハ一人モ重症デハナカッタ。隔離ノ便宜ガ得ラレナカッタノデ結核患者、ジフテリア患者、赤痢患者ハ同ジ廠舍ノ下ニ收容セラレネバナラナカッタ。頭高約四呎シカナカッタノデ診療上及看護上甚ダ困難ヲ感ジタ。然モ上ノ床カラ多量ノ塵芥ガ之等ノ不幸ナ患者ノ上ニ必然的ニ落チテ來タ。

熱帶性皮膚病……之等ハ甚ダ普通デアッタ。

NO. 3 ☆

Doc 5077

傷害……非常ニ危険性アル労働ニ従事シタリ適當ナ豫防手段ノ缺除シテイタ割ニ傷害率ハ比較的低カッタ。

病院設備……之ハ凡ユル點ニ於テ甚ダ不完全デアッタ。

手術室……全部ノ患者ガ病床ヲ得ルコトガ不可能デアッテ最モ重症ナ患者ニノミ蓆ガ與ヘラレタ。最初ノ數週間ハ蓆スラ無カッタ。敷布ハ全然無カッタ。病院ハ極端ニ混雜シテ居ッタ。各病床ノ間隔ハ九吋程モ離レテイナカッタ。病院全体ニ對シ僅カ一個ノ病床用平鍋ト一個ノ便器ガ用イラレルノミデアッタ。鉢及盥ハ全然無カッタ。

厩舍ノ一部ハ手術室トシテ即席ニ造ラレ電燈ハ隣リノ兵營ノ機械カラ利用出来タ。然シ乍ラ夜間手術ガ終ラナイ内ニ機械ガ三回故意ニ止メラレ蠟燭又ハ赤イ棕櫚油ヲ燈火トシテ用ヒネバナラナカッタ。

藥品……不足品ガ余リニモ多數アッテ擧ゲル事ハ出来ナイガ赤十字ノ配給品到着後ハ格段ノ相違ガアッタ。

No. 4 ☆

Doc. 5077

定額食堂……之等ハ全ク不十分デ従虜ハ榮養失調ニ甚ダシク悩マサレタ。

陣中衛生

便所……猫穴ト深イ溝ノ便所ガ用ヒラレタ。

3. 炊事……炊事施設ハ凡ユル点デ甚ダ不完全デアッタ。一箇ノ小サイ炊事場デ全收容所ヲ賄ハネバナラナカッタ。

4. 收容設備……不完全ナ宿泊設備ノタメ甚ダシイ混雜ヲ来シタ。十三軒ノ廠舍ガ他ノ階級ノ者ヲ收容スルノニ割當テラレタ（縱三十二呎横十五呎ノ小サイ廠舍ニ十五人ノ將校一人當リ三十二平方呎）ソシテ各廠舍ノ平均數ハ六十七人デアッタ。混雜緩和ノタメ若干ノ者ガ廠舍ノ下ニ眠ルコトヲ許サレタ。其ノ數ハ各廠舍平均七人デアッタ。廠舍ハ皆縱七十六呎、横十五呎、床面積一、四四〇平方呎ノ同型ノ物デアッタ。斯クシテ各人ハ約二十平方呎ノ面積ヲ

Doc 5077

No 5 ☆

楽ヘラレタガ普通ノ床面積ガ六十呎ナルコトヲ考ヘル時過度ノ混雑ノ程度ニ就テ或ル観念ヲ得ル事ガ出来ル。熱帯地方駐屯軍ニハヨリ充分ナ余積ガ許サレテ居ル事ヲ附言シタイ(海峡殖民地デハ一〇〇平方呎)

八月ノ初、兵ノ健康ガ悪化シ出シ激シイ労働ノ過労ト栄養失調トノタメ健康ヲ失ヒ始メタノガ明ニ見ラレタ。

病人ノ増加ハ病院ノ過度ノ混雑ヲ来シ当然入院セシメナケレバナラナカッタ多数ノ患者ガ必然的ニ宿営デ手当ヲ受ケタ。

就業中罹ッタ脚ノ創傷潰瘍ハ絶エズ増加シタ、医療状態ノ改善要求ハ全ク拒絶セラレタ。

手術室(伝虜ヲ標準トスレバ第一級デアル)ハ隣接兵舎ニ在ッタガ余等ハ其使用ヲ許可サレナカッタ。兵ヲ隣ノ兵舎ニ移サネバ其兵ハ死ニスルト日本軍ヲ漸ク説得シタ後、隣ノ兵舎デ肝臓

Doc 5077.

No 6 ☆

膣瘍ノ手術ガ行ハレタ。隣接病
院ニ在ッタ他ノ凡テノ施設モ亦
拒絶セラレタ。

五、八月二十二日以降九月初旬英軍ニ救助セラルル迄收
容所ノ狀態ハ若干改善サレタ。

六、數年デハナクトモ數ヶ月間新嘉坡島上ニ明ニ在ッタ
多量ノ赤十字ノ小包及貯藏物品ハ余等ニ屆ケラレ
タ。尚、新嘉坡ノ冷凍倉庫カラノ多量ノバター
ガ屆ケラレタ。之ハ一九四二年二月降伏以來其處
ニアッタ濠洲産バターデアッタ。粉ミルクガ多
量ニ入ッテ來タ。余等ハ重症患者特ニ胃潰
瘍患者ノタメニヲ求メタガ余等ノ要求ハ常ニ
悉ク拒絶セラレタ。之ハ赤十字ノ食料、ミル
ク、バターノ貯藏品ガ新嘉坡島上デ利用
セラレタコトト旦余等ノ飢餓ハ聯合國ノ封
鎖ニ因ルモノデナカッタ事ヲ立證シテイル